

**Kansas Medical Assistance Standards**

Rev. 01-13

- (1) Standards in the Kansas Medical Assistance Programs - To be eligible, the total countable income must not exceed the monthly poverty level standards based on the appropriate number of individuals.

| Number of Persons Whose Income is Considered | <u>CHIP</u>                         | Monthly 150% Poverty Level Standard (Pregnant Women & Infants Under 1) | <u>MEDICAID</u>  | Monthly 100% Poverty Level Standard (Children Ages 6 thru 18) |
|--|-------------------------------------|--|--|---|
|  | Monthly 232% Poverty Level Standard |  | Monthly 133% Poverty Level Standard (Children Ages 1 thru 5) |   |
| 1  | \$2160                              | \$1397   | \$1239   | \$ 931  |
| 2  | \$2926                              | \$1892   | \$1677   | \$1261  |
| 3  | \$3691                              | \$2387   | \$2116   | \$1591  |
| 4  | \$4457                              | \$2882   | \$2555   | \$1921  |
| 5  | \$5222                              | \$3377   | \$2994   | \$2251  |
| 6  | \$5988                              | \$3872   | \$3433   | \$2581  |

Add \$766 for each additional person at 232% of poverty, \$495 for each additional person at 150% of poverty, \$439 for each additional person at 133% of poverty, and \$330 for each additional person at 100% of poverty.

- (2) For premium purposes in the CHIP program, the following standards apply.

CHIP Premium Table

| Number of Persons Whose Income is Considered | Monthly 226% Poverty Level Standard (\$75/mo prem.) | Monthly 201% Poverty Level Standard (\$50/mo prem.) | Monthly 176% Poverty Level Standard (\$30/mo prem.) | Monthly 151% Poverty Level Standard (\$20/mo prem.) |
|--|---|---|---|---|
| 1  | \$2104  | \$1871  | \$1639  | \$1406  |
| 2  | \$2850  | \$2535  | \$2220  | \$1904  |
| 3  | \$3596  | \$3198  | \$2800  | \$2403  |
| 4  | \$4342  | \$3861  | \$3381  | \$2901  |
| 5  | \$5087  | \$4525  | \$3962  | \$3399  |
| 6  | \$5833  | \$5188  | \$4543  | \$3898  |

Add \$746 for each additional person at 226% of poverty, \$664 for each additional person at 201% of poverty, \$581 for each additional person at 176% of poverty, and \$499 for each additional person at 151% of poverty.

- (3) Standards in the QMB, LMB, and QWD Programs

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- (a) For QMB, total countable income must not exceed the monthly 100% poverty level standard.

| <u>Number of Persons Whose<br/>Income is Considered</u> | <u>Monthly 100% Poverty<br/>Level Index</u> |
|---|---|
| 1   | \$ 931                                      |
| 2   | \$1261                                      |
| 3   | \$1591                                      |

For each additional person, add \$330 to the poverty level index.

- (b) To be eligible for LMB, total countable income must not exceed either the monthly 120% or 135% poverty level standard as noted in 2672.

| <u>Number of Persons<br/>Whose Income<br/>is Considered</u> | <u>Monthly 120%<br/>Poverty<br/>Level Index</u> | <u>Monthly 135%<br/>Poverty<br/>Level Index</u> |
|---|---|---|
| 1   | \$1117  | \$1257  |
| 2   | \$1513  | \$1703  |
| 3   | \$1909  | \$2148  |

For each additional person, add \$396 to the 120% poverty level index or \$446 to the 135% poverty level index.

- (c) To be eligible for QWD, total countable income must not exceed the monthly 200% poverty level standard.

| <u>Number of Persons Whose<br/>Income is Considered</u> | <u>Monthly 200% Poverty<br/>Level Index</u> |
|---|---|
| 1   | \$1862                                      |
| 2   | \$2522                                      |

- (4) Standards in the MA and MS Programs - The protected income budgeted is the independent living standard for the number of persons in the plan and any legally responsible persons in the family group. In addition, in determining the eligibility of a pregnant woman for the MA program based on the provisions of 2652, the needs of the unborn child and the needs of the father of the unborn, if in the home, shall also be included in determining the protected income level. An SSI recipient shall not, however, be included in determining the protected income level.

For persons moving from a long term care arrangement in a Medicaid approved institution to independent living, the independent living standard shall also be budgeted beginning with the month following the month of discharge for persons for whom the provisions of 8144.2 have been applied or the month of discharge for all others. (See 8173.)

An applicant and/or recipient entering a medical institution (including a general medical hospital or a state institution even if no FFP is available) from an independent living situation for a temporary stay as defined in 8113 may be budgeted for independent living for a period not to exceed the calendar month following the month of admission to allow for maintaining previous living arrangements. This would not be applicable if the provisions of 8144.2 are used.

The following standards are applicable:

| Number of Months | Persons In Independent Living |      |      |      |      |      |      |      |
|------------------|-------------------------------|------|------|------|------|------|------|------|
|                  | 1                             | 2    | 3    | 4    | 5    | 6    | 7    | 8    |
| 1 mo.            | \$ 475                        | 475  | 480  | 497  | 558  | 619  | 680  | 741  |
| 2 mos.           | \$ 950                        | 950  | 960  | 994  | 1116 | 1238 | 1360 | 1482 |
| 3 mos.           | \$1425                        | 1425 | 1440 | 1491 | 1674 | 1857 | 2040 | 2223 |
| 4 mos.           | \$1900                        | 1900 | 1920 | 1988 | 2232 | 2476 | 2720 | 2964 |
| 5 mos.           | \$2375                        | 2375 | 2400 | 2485 | 2790 | 3095 | 3400 | 3705 |
| 6 mos.           | \$2850                        | 2850 | 2880 | 2982 | 3348 | 3714 | 4080 | 4446 |

For 9 or more persons, use Shelter Group V standard from Table I.

- (5) Standards for Long Term Care/HCBS - See section 8160 and 8260 for application of the standards. The Institutional standard is applicable in determining eligibility in either the month the care begins or the following month as specified in 8113. The HCBS standard is applicable beginning the month the choice form is signed, or as per 8270.

The current monthly standards are applicable for 1 person:

LOT/Institutional Care: \$ 62.00  
 HCBS: \$727.00

The current monthly standards are applicable for 2 people:

LOT/Institutional Care: \$ 124.00

- (6) Standards for Presumptive Medicaid Disability: SI-Related - To be eligible, the total countable income must not exceed the applicable SSI federal benefit rate for the appropriate size household:

|  |           |
|--|-----------|
| Eligible individual In Own Home .....  | \$710.00  |
| Eligible Individual with eligible spouse in home .....                       | \$1066.00 |
| Eligible individual in household of another.....                             | \$473.34  |
| Eligible individual in Medicaid funded LTC placement .....                   | \$30.00   |
| Eligible individual with eligible spouse - both in household of another..... | \$710.67  |

(7) **Standards in the Working Healthy Program**

(a) To be eligible, total countable income must not exceed the monthly 300% poverty level standard for the number of persons in the assistance plan.

| <u>Number of<br/>Persons in Plan</u> | <u>Monthly 300%<br/>Poverty Level Index</u> |
|--------------------------------------|---|
| 1                                    | \$2793                                      |
| 2                                    | \$3783                                      |
| 3                                    | \$4773                                      |

(b) For premium purposes, the following standards apply:

**For 1 person plans:**

| <u>Net Countable Income Range</u> | <u>Monthly Premium</u> |
|-----------------------------------|------------------------|
| \$ 0 – 931                        | \$ 0                   |
| \$931.01 – 1164                   | 55                     |
| \$1164.01 – 1397                  | 69                     |
| \$1397.01 – 1629                  | 83                     |
| \$1629.01 – 1862                  | 97                     |
| \$1862.01 – 2095                  | 110                    |
| \$2095.01 – 2328                  | 124                    |
| \$2328.01 – 2560                  | 138                    |
| \$2560.01 – 2793                  | 152                    |

**For 2 or 3 Person Plans:**

| <u>Net Countable Income Range</u> | <u>Monthly Premium</u> |
|-----------------------------------|------------------------|
| \$ 0 – 1261                       | \$ 0                   |
| \$1261.01 – 1577                  | 74                     |
| \$1577.01 – 1892                  | 93                     |
| \$1892.01 – 2207                  | 112                    |
| \$2207.01 – 2522                  | 130                    |
| \$2522.01 – 2837                  | 149                    |
| \$2837.01 – 3153                  | 168                    |
| \$3153.01 – 3468                  | 186                    |
| \$3468.01 - 3783                  | 205                    |

**For 3 person Plans:**

|                  |       |
|------------------|-------|
| \$3783.01 – 4773 | \$205 |
|------------------|-------|